

Reference:	FOI.20497.26
Subject:	Urgent Suspected Cancer (USC)
Date of Request:	20 May 2026

Requested:

1. Anonymised breakdown of all Urgent Suspected Cancer (USC) referrals received from GP practices
 - a. Please provide the total number of USC referrals received during 2023 and 2024. For each USC referral received, please provide:
 - b. GP practice identifier (e.g., practice code)
 - c. Specialty to which the referral was made

2. Outcome of each USC referral

For each referral included above, please provide information on whether the referral was:

 - a. Accepted and seen as an Urgent Suspected Cancer case, or
 - b. Rejected at remote triage, or
 - c. Downgraded or redirected to a non USC pathway at remote triage

If unable to provide a detailed breakdown, please provide numbers or proportion of referrals downgraded OR rejected. If unable to provide any information on rejected or downgraded referrals, please confirm this.

3. Conversion rate for USC referrals that were seen as USC
 - a. Please provide, for each referral that was seen on the 2-week wait pathway following an USC referral:
 - Whether or not the patient subsequently received a confirmed cancer diagnosis

If unable to provide, please supply information on the USC referral conversion rate, defined as the proportion of patients who subsequently received a confirmed cancer diagnosis.

1. Conversion rate for downgraded and rejected USC referrals
 - a. Please provide, for each referral that was rejected, downgraded or redirected to a non USC pathway at remote triage:
 - Whether or not the patient subsequently received a confirmed cancer diagnosis

If unable to provide, please supply information on the rejected AND downgraded USC referral conversion rate, defined as the proportion of patients who subsequently received a confirmed cancer diagnosis. If unable to provide any information on outcome of rejected or downgraded referrals, please confirm this.

2. Outcome for confirmed cancer diagnosis among downgraded and rejected USC referrals
 - a. Please provide, for each confirmed cancer diagnosis among referrals that were rejected, downgraded or redirected to a non USC pathway at remote triage, time from USC referral to:
 - First face to face secondary care clinical review
 - Cancer diagnosis
 - Initiation of treatment

If unable to provide any information on outcome of rejected or downgraded referrals, please confirm this.

I would prefer the data in a machine readable format such as Excel or CSV where possible

Response:

Hywel Dda University Health Board (UHB) is unable to provide you with all the information requested, as it is estimated that the cost of answering your request would exceed the “appropriate limit” as stated in the Freedom of Information Act 2000 and the Data Protection (Appropriate Limit and Fees) Regulations 2004. The “appropriate limit” represents the estimated cost of one person spending 18 hours (or 2½ working days) in determining whether the UHB holds the information, and locating, retrieving and extracting the information.

In order to provide you with the all the data requested, the UHB would need to undertake a manual trawl of each USC GP referral received and the corresponding patient’s medical record, for the 2023 and 2024 calendar years, to identify any information that would fulfil your request, as this is not recorded centrally.

The UHB received thirty-five thousand, six hundred and fifty-one (35,651) GP referrals during the 2023 and 2024 calendar years. It is estimated that a manual search of these records would exceed the 18 hours stipulated within the Freedom of Information Act 2000 (FoIA). Based on the number of records identified, conducting a search of patient records taking five (5) minutes per digital record, would far exceed the ‘appropriate limit’, costing the UHB the following:

35,651 @ 5 minutes per item = 2,970 hours and 55 minutes
2,970 hours and 55 minutes @ £25 per hour = £74,272.92

The UHB is therefore applying an exemption under Section 12 of the FoIA, which provides an exemption from a public authority’s obligation to comply with a request for information where the cost of compliance is estimated to exceed the appropriate limit.

However, under Section 16 of the FoIA, we are required as a public authority, to provide advice and assistance so far as it is reasonable to individuals who have made a request under the FoIA, this can include assisting a requestor to further refine their request.

The UHB suggests that you may refine your request by reducing the timeframe requested to a six (6) month period or less. However, the UHB would still be required to undertake a manual trawl of all USC GP referrals received and the corresponding patient’s medical records for the revised time period, to identify any information that may fulfil your request Therefore, the outcome would be dependent on the number of records identified within a shorter time period

However, the UHB provides the accessible information it holds, which may not be exactly as requested, within Attachment 1.

Additionally, the UHB is unable to provide you with the exact number of patients due to the low number (6 or less) and have therefore, replaced the figures in the tables within Attachment 1 with an asterisk (*), as there is a potential risk of identifying individuals if this was disclosed. The UHB has also replaced figures and totals which could be used to calculate the redacted figures with a double asterisk (**). The UHB is therefore withholding this detail under Section 40(2) of the FoIA. This information is protected by the Data Protection Act 2018 (DPA)/UK General Data Protection Regulations (UK GDPR), as its disclosure would constitute unfair and unlawful processing and

would be contrary to the principles and articles of the UK GDPR. This exemption is absolute and therefore, there is no requirement to apply the public interest test.

In reaching this decision, the DPA and UK GDPR define personal data as data that relates to a living individual who can be identified solely from that data or from that data and other information, which is in the possession of the data controller.